

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 623209	RECEIPT DATE:	08 / 29 / 00
IA NUMBER:	PCT/ US99 / 04421	IA FILING DATE:	03 / 01 / 99
FAMILY NAME:	WELSH	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	CHRISTOPHER	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 02 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	F00227 US 1	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: BRIAN T STER

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STATE/COUNTRY: USX ZIP: 462820002

EMAIL:

APPLICATION TITLES:

DIRECTIONAL MICROPHONE SYSTEM

TAB TO LAST POSITION,PUSH SEND



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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

SERIAL NUMBER 09/623,209	FILING DATE 08/29/2000 RULE -	CLASS 381	GROUP ART UNIT 2644	ATTORNEY DOCKET NO. P00227- US-1
APPLICANTS Alan Dean Michel, Fishers, IN ; Jeffrey Phillip Mcateer, Fishers, IN ; Chirstopher Todd Welsh, Noblesville, IN ;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US99/04421 03/01/1999 WHICH CLAIMS BENEFIT OF 60/076,443 03/02/1998				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/08/2000			** SMALL ENTITY **	
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY IN	SHEETS DRAWING 4	TOTAL CLAIMS 22
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
ADDRESS Brian T Ster Ice Miller Donadio & Ryan One American Square Box 82001 Indianapolis ,IN 46282-0002				
TITLE Directional microphone system				
FILING FEE RECEIVED 353	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	